

LOAN APPLICATION

Form 5-5

PERSONAL	NAME-LAST, FIRST, MIDDLE			DATE OF BIRTH	SOCIAL SECURITY NO.	DEPENDENTS
	MAIL ADDRESS - STREET OR BOX			CITY, STATE, ZIP CODE		
	HOW LONG	PARISH	HOME PHONE	MARITAL STATUS: DO NOT COMPLETE UNLESS YOU RESIDE IN A COMMUNITY PROPERTY STATE. <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED		
	RESIDENCE ADDRESS (DIFFERENT FROM MAILING)				PARISH	
EMPLOYMENT	PREVIOUS ADDRESS (WITHIN 2 YEARS)			HOW LONG		
	NAME OF RELATIVE NOT LIVING WITH YOU		ADDRESS	RELATIONSHIP	HOME PHONE	
	NAME OF RELATIVE NOT LIVING WITH YOU		ADDRESS	RELATIONSHIP	HOME PHONE	
	EMPLOYER'S NAME		ADDRESS		HOW LONG	
	POSITION OR DEPARTMENT	BADGE OR I.D.	SUPERVISOR'S NAME	SALARY \$	<input type="checkbox"/> MONTH <input type="checkbox"/> SEMI-MONTH <input type="checkbox"/> ANNUAL	BUSINESS PHONE
	PREVIOUS EMPLOYER (WITHIN 3 YEARS)		ADDRESS		HOW LONG	
CREDIT	Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying your obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding					
	SOURCE OF OTHER INCOME			AMOUNT \$	<input type="checkbox"/> MONTH <input type="checkbox"/> SEMI-MONTH <input type="checkbox"/> ANNUAL	HOW LONG
	NAME OF BANK		ADDRESS	ACCOUNT NO.	SERVICES <input type="checkbox"/> CHK. <input type="checkbox"/> SAV. <input type="checkbox"/> C.D. <input type="checkbox"/> COMML. LN. <input type="checkbox"/> CONS. LN.	
	MORTGAGE HOLDER OR LANDLORD <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING		ADDRESS	ACCOUNT NO.	COST	MO. PAY BALANCE
	CREDIT: LIST ALL LOANS, CREDIT CARDS AND REVOLVING CHARGE ACCOUNTS WHICH ARE IN YOUR NAME OR THE NAME OF YOUR SPOUSE WHICH MAY BE SATISFIED OUT OF YOUR INCOME.					
	CREDITOR'S NAME AND ADDRESS			ACCOUNT IN NAME OF	COLLATERAL	MO. PAY BALANCE
CO-APPLICANT (ADDITIONAL CO-APPLICANTS MUST COMPLETE SEPARATE APPLICATION FORMS)	IF <input type="checkbox"/> SPOUSE OR <input type="checkbox"/> OTHER WILL BE CONTRACTUALLY LIABLE, COMPLETE THIS SECTION. IF APPLICANT RELIES ON COMMUNITY PROPERTY, SPOUSE'S INCOME, ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS FROM A SPOUSE OR FORMER SPOUSE, FOR REPAYMENT OF THIS LOAN, FILL IN THIS SECTION ABOUT YOUR SPOUSE OR FORMER SPOUSE.					
	NAME-LAST, FIRST, MIDDLE			DATE OF BIRTH	SOCIAL SECURITY NO.	DEPENDENTS
	MAIL ADDRESS - STREET OR BOX			CITY, STATE, ZIP CODE		
	HOW LONG	PARISH	HOME PHONE	MARITAL STATUS: DO NOT COMPLETE UNLESS YOU RESIDE IN A COMMUNITY PROPERTY STATE. <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED		
	PREVIOUS ADDRESS (WITHIN 2 YEARS)			HOW LONG		
	NAME OF RELATIVE NOT LIVING WITH YOU		ADDRESS	RELATIONSHIP	HOME PHONE	
	EMPLOYER'S NAME		ADDRESS		HOW LONG	
	POSITION OR DEPARTMENT	BADGE OR I.D.	SUPERVISOR'S NAME	SALARY \$	<input type="checkbox"/> MONTH <input type="checkbox"/> SEMI-MONTH <input type="checkbox"/> ANNUAL	BUSINESS PHONE
	PREVIOUS EMPLOYER (WITHIN 3 YEARS)		ADDRESS		HOW LONG	
	Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying your obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding					
	SOURCE OF OTHER INCOME			AMOUNT \$	<input type="checkbox"/> MONTH <input type="checkbox"/> SEMI-MONTH <input type="checkbox"/> ANNUAL	HOW LONG
	NAME OF BANK		ADDRESS	ACCOUNT NO.	SERVICES <input type="checkbox"/> CHK. <input type="checkbox"/> SAV. <input type="checkbox"/> C.D. <input type="checkbox"/> COMML. LN. <input type="checkbox"/> CONS. LN.	
	MORTGAGE HOLDER OR LANDLORD <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING		ADDRESS	ACCOUNT NO.	COST	MO. PAY BALANCE
	CREDIT: LIST ALL LOANS, CREDIT CARDS AND REVOLVING CHARGE ACCOUNTS WHICH ARE IN YOUR NAME OR THE NAME OF YOUR SPOUSE WHICH MAY BE SATISFIED OUT OF YOUR INCOME.					
CREDITOR'S NAME AND ADDRESS			ACCOUNT IN NAME OF	COLLATERAL	MO. PAY BALANCE	

WARRANTY OF APPLICANT(S)

THE UNDERSIGNED APPLICANT(S) WARRANTS AND REPRESENTS THAT ALL STATEMENTS MADE HEREON ARE TRUE AND CORRECT AND ARE GIVEN TO INDUCE THIS BANK TO APPROVE THIS CREDIT APPLICATION. THE UNDERSIGNED APPLICANT(S) AUTHORIZES OUR TOWNE BANK TO MAKE WHATEVER CREDIT INQUIRIES IT DEEMS NECESSARY IN CONNECTION WITH THIS APPLICATION AND AGREES THAT THIS APPLICATION SHALL REMAIN IN THE PROPERTY OF THE BANK WHETHER OR NOT THE LOAN IS EXTENDED.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE